PART B - FEE(S) TRANSMITTAL

	00	PART B	- FEE(S)	TRANSMITTAL			
	this form, together of	(a)	or]	Commissionel P.O. Box 1450 Alexandria, V Fax (703) 746-4000	r for Patents Virginia 22313-1450		
INSTRUCTIONS: This for appropriate. All further conditions indicated unless corrected maintenance fee notifications.	orm should be used for train orrespondence including the below of disected witherwise	Asmitting the ISSU Patent, advance or in Block 1, by (a	JE FEE and ders and not of specifying	PUBLICATION FEE (if r fication of maintenance fea a new correspondence add	equired). Blocks 1 through 5 ses will be mailed to the current ress; and/or (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for	
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SALT LAKE CIT		Express Mail Mailing Label Number: EL994823643US					
03/03/2005 RMEBRAH1 0000		Date of Deposit with USPS: February 28, 2005					
01 FC:1501 02 FC:1504			Person making Deposit: Steve Wong				
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/657,909			Joseph	A. Orr	2077.1-2745.3US	5649	
_	APPARATUS AND METHO	1					
APPLN. TYPE	SMALL ENTITY	ISSUE F		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1370)	\$300	\$1670	02/28/2005	
EXAMINER		ART UN	ART UNIT CLASS-SUBCLASS		•		
NASSER, ROBERT L		3736		600-532000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). A Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Unles	D RESIDENCE DATA TO E is an assignee is identified b in 37 CFR 3.11. Completion	elow, no assignee	data will app	ear on the patent. If an as	signee is identified below, the	document has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
RESPIRONICS NOVAMETRIX, INC. Wallingford, Connecticut							
Please check the appropriat	te assignee category or catego	ories (will not be pri	inted on the p	atent): 🗖 Individual 🧏	Corporation or other private gr	oup entity Government	
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.							
				The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-1469 (enclose an extra copy of this form).			
a. Applicant claims S	s (from status indicated above SMALL ENTITY status. See	37 CFR 1.27.			MALL ENTITY status. See 37 C		
The Director of the USPTO NOTE: The Issue Fee and interest as shown by the rec	Publication Fee (if required) ords of the United States Pat	ue Fee and Publicat will not be accepted ent and Trademark	tion Fee (if and from anyone Office.	y) or to re-apply any previous other than the applicant; a	ously paid issue fee to the applic registered attorney or agent; or t	ation identified above. the assignee or other party in	
Authorized Signature JUUL GWC				Date	February 28, 20	005	
Typed or printed name <u>Brick G. Power</u>					tion No. 38,581		
Alexandria, Virginia 22313	-1430.				by the public which is to file (an 12 minutes to complete, including the comments on the amount of tight and Trademark Office, U.S. DepESS. SEND TO: Commissioner		

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